

(Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

(Mr. STRICKLAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

(Mr. ROHRABACHER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

FIX 96/FIX THE TERRITORIES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Guam (Mr. UNDERWOOD) is recognized for 5 minutes.

Mr. UNDERWOOD. Madam Speaker, I rise to the floor today to talk about an issue in the context of the appropriations struggles that we are having, and that is to bring a modicum of fairness and justice to the people, American citizens, of the U.S. territories.

It is ironic that there are many proposals around today which I endorse which will restore some of the benefits that have been taken away since 1996 for legal residents, not U.S. citizens of the United States, including some access to health care.

At the same time that we are doing this, health care for U.S. citizens in the territories like my home island of Guam are severely hampered by the fact that Medicaid assistance to the territories is capped at certain amounts; for Guam it is \$5.4 million. Moreover, the match between the local government and the Federal Government is fixed at 50/50.

Madam Speaker, what this means essentially is that if the government of Guam is to participate in the Medicaid program, which it currently does and for this past year it did and spent some \$14 million in Medicaid, the actual share that the government of Guam paid is not at 50/50, but is somewhere along the line of 70/30. And as a consequence, the people of Guam, the resources are taxed to a greater extent than is to be expected.

The territories, especially Guam, have not shared in the economic boom that has occurred. In the 1990s, we have not shared in the economic boom that the U.S. mainland has enjoyed; and as

a consequence, with double digit unemployment and the fact that the numbers of low-income people and people eligible for Medicaid has dramatically increased, not only due to poor economic statistics, but immigration from surrounding islands, under compacts of free association agreements with the United States. As a consequence, the people of Guam have to share a much bigger burden than the average citizen in the U.S. mainland for the provision of medical care for the indigent and the low-income.

What we proposed, and I think all of the representatives of the territories, I know all the governors of the insular areas as well, have proposed that either the caps be lifted or the cost-sharing arrangement be altered. Preferably, we could do both.

But at a minimum, we need to provide relief to these insular areas, and the way that we can do it is to secure within the context of the current appropriations process a little bit of increase in the caps, not to raise the cap entirely, but at least to raise the dollar amount on the cap, not to eliminate caps, but to at least raise the dollar amount on the caps.

We have raised this issue; I have personally raised it with the President in a meeting on Tuesday. We have raised this issue with a number of White House officials. We raised this issue with leaders here in Congress. And although it is perhaps a little bit late in the game, it is important that if we think that health care access should be extended to all people who live in the United States, regardless of their ability to pay and regardless of their legal status at a minimum, U.S. citizens in the territories should be included.

So we hope that in the context of the negotiations and the discussions over Medicaid payments, that there will be increases lifting, not eliminating, the caps, but at a minimum at least lifting the caps for Guam and American Samoa and Puerto Rico, the U.S. Virgin Islands and the Northern Marianas.

HOUSE RECOGNITION OF THE 40TH ANNIVERSARY OF THE NATIONAL RECONNAISSANCE OFFICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. GOSS) is recognized for 5 minutes.

Mr. GOSS. Madam Speaker, I come to the floor with a great sense of pride and admiration to recognize the National Reconnaissance Office, the NRO, for 40 years of outstanding service to our Nation. Since its beginning as a small covert organization on 31 of August 1960 during the administration of President Dwight D. Eisenhower, the NRO has developed an unprecedented capability to conduct signals and photographic reconnaissance from space, a capability that to this day remains unmatched by any other nation in the world.

Part of the success during the last 4 decades is due to the partnership between American industry and the NRO's highly capable workforce. This workforce, which consists of government civilians and military members of the four services, has consistently delivered new and innovative satellite systems that provide critical intelligence information to our national policymakers and to our military and civilian officials during periods of peace or in crisis or in war.

Its record of outstanding technological achievement has rightly earned the NRO the title of Freedom's Sentinel in Space.

As one of 13 Members of the intelligence community, the NRO has been very skillfully managed throughout its history by the Secretary of Defense and the director of Central Intelligence. Today the NRO provides systems that push the limits of reconnaissance capability to acquire enhanced images of the Earth and an ever-expanding variety and volume of electromagnetic signals. NRO space systems serve us daily from making it possible to verify arms control treaties to aiding in protecting American lives throughout the world, Americans at home and abroad.

For these many important achievements and the promise of continued excellence in space reconnaissance during the years ahead, we heartily congratulate the men and women of the NRO past and present on the occasion of the organizations's 40th anniversary.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

H.R. 4292, THE BORN-ALIVE INFANTS PROTECTION ACT OF 2000

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. CANADY) is recognized for 5 minutes.

Mr. CANADY of Florida. Madam Speaker, as I thought about the subject upon which I rise to speak today, I was reminded of the words of William Butler Yeats's poem "The Second Coming," where he wrote: "Things fall apart; the centre cannot hold; mere anarchy is loosed upon the world, the blood-dimmed tide is loosed, and everywhere the ceremony of innocence is drowned."

Now, that is a pretty bleak picture, but I think it is an accurate reflection of the problem addressed by the bill I am here to discuss today.

H.R. 4292, the Born-Alive Infants Protection Act, legislation that would provide legal protection to living, fully born babies who survive abortions; tiny, helpless infants brought into the world through no choice of their own and struggling to survive.